

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

REPORT COVERS PERIOD FROM 01/01/2019 THROUGH 03/31/2019

CUMULATIVE PERIOD BEGINNING 01/01/2019

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A

B

NAME OF LOBBYING FIRM:

ADVOCACY & CONSULTING

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMEN -
TO

CA

95814

MAILING ADDRESS: (If different than above)

SACRAMENTO

CA

95865

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

- ☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT **OR**
- ☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

Owner

Matt Gray

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 30373.32
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0.00
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 0.00
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 0.00
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:

☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION ?

☒ No ☐ Yes (Complete and attach Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

At (City and State)

By (Signature of Responsible Officer)

04/19/2019

Sacramento, CA

Matt Gray

Name of Responsible Officer (Type or Print)

Title

Matt Gray

Principal

PERIOD COVERED: 01/01/2019 03/31/2019

NAME OF LOBBYING FIRM: ADVOCACY & CONSULTING

| PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.) | | | | |
|---|----------------------------|---|-------------------|--------------------------|
| Employer's Name, Address and Telephone Number Fur Information Council of America (FICA) Bedford IN 47421 | | | | |
| Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 44,AB 273 | | | | |
| Fees and Retainers | Reimbursements of Expenses | Advances or Other Payments (attach explanation) | Total This Period | Cumulative Total to Date |
| \$ 6500.00 | \$ 553.57 | \$ 0.00 | \$ 7053.57 | \$ 7053.57 |
| Employer's Name, Address and Telephone Number LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES BATON ROUGE LA 70808 | | | | |
| Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 527 | | | | |
| Fees and Retainers | Reimbursements of Expenses | Advances or Other Payments (attach explanation) | Total This Period | Cumulative Total to Date |
| \$ 17619.75 | \$ 0.00 | \$ 0.00 | \$ 17619.75 | \$ 17619.75 |
| Employer's Name, Address and Telephone Number CalSmallBiz Sacramento CA 95814 | | | | |
| Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 44,SB 208 | | | | |
| Fees and Retainers | Reimbursements of Expenses | Advances or Other Payments (attach explanation) | Total This Period | Cumulative Total to Date |
| \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | | | SUBTOTAL | \$ 30373.32 |

☒ If more space is needed, check box and attach continuation sheets

PERIOD COVERED: 01/01/2019 03/31/2019NAME OF LOBBYING FIRM: ADVOCACY & CONSULTING**PART III - PAYMENTS MADE** (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

| Name, Address and Telephone Number of Firm Contracted With | Name of Employer or Client for Whom Subcontractor was Retained to Lobby | Amount This Period | Cumulative Total to Date |
|---|---|--|-----------------------------|
| | | \$ | \$ |
| | | | |
| | | | |
| | | | |
| <input type="checkbox"/> If more space is needed, check box and attach continuation sheets. | | TOTAL PAYMENTS (Include all subtotals from continuation sheets) | \$ 0.00 |

PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

| Date | Name of Recipient | I.D. Number if Committee | Amount |
|------|-------------------|-----------------------------|--------|
| | | | \$ |
| | | | |
| | | | |

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 01/01/2019 03/31/2019

NAME OF LOBBYING FIRM: ADVOCACY & CONSULTING

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars.)

See Instructions on reverse.)

Employer's Name, Address and Telephone Number

Taxpayers for Improving Public Safety

Sacramento CA 95814

Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)
AB 1,AB 44,AB 392

Fees and Retainers

Reimbursements of Expenses

Advances or Other Payments
(attach explanation)

Total This Period

Cumulative Total to Date

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

Employer's Name, Address and Telephone Number

Liam's Life Foundation

Hawthorne CA 90250

Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.)
AB 1713

Fees and Retainers

Reimbursements of Expenses

Advances or Other Payments
(attach explanation)

Total This Period

Cumulative Total to Date

\$ 5700.00

\$ 0.00

\$ 0.00

\$ 5700.00

\$ 5700.00

PAGE SUBTOTAL \$ 5700.00